

# STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

**RECEIVED** 

PLEASE PRINT

AFR 25 2017

I. Name of Lob	byist(s)	ARK A.	LAMBER	2T	NEW HAMPSHIRE	
II. Name of lob	byist's partners	hip, firm or co	orporation, if an	y:	DEPARTMENT OF STATE	
UNITIC C	SPORATI (Name of partne	rship, firm or co	poration)	110		
6 LIBERT	Y LANE W		AND DON DH	03842		
Business Address:	(Street)	16-51 /11	(Town/City)	(Stat	te) (Zip Code)	
( <b>603</b> ) <u>773 · 6</u> (Teleph	470 none)	(603)	773.66 (Fax)	<b>70</b> е-mail <u>Ц</u>	AMBERT@UNITIL.Com	
			separate report ot attributable to		R you may file a separate report	for
All reportabl	le transactions of	ccurring in the	months prior to th	e reporting date rela	ative to the following client:	
	INITIL G (Full Nan	CLB LATT ne of Client as it	appears on the Lob	byist Registration Form	m)	
<u>OR</u>	·		••			
<ul><li>All reportable unrelated to any</li></ul>			ncluding the lobb	yist's family), or the	e lobbying firm listed below which	are
IV. Date of Rep	ort April 26	5, 2017		July 26, 201	7 🗆	
Reports cover:	activity from dat	te of registration	to 3/31/17	activity from 4/1/17	to 6/30/17	
		25, 2017		January 31, 2		
	activity froi	m 7/1/17 to 9/30/	17	activity from 10/1/1	7 to 12/31/17	
	cked, complete j		•		e since the last report.   Soffice, State House, Room 204,	
VI. Check if add	ditional reports	are attached:				
If you have	received fees or	made expenditi	ures, you must fil	e Addendum A– Fe	ees and Expenses	
☐ If you have Expense Reimbu		um or reimburs	sed expenses, you	must file Addendu	m B- Report of Honorariums or	
		nily has made p	political contribut	tions, you must file A	Addendum C- Political Contribut	ions
Sworn Statement I have read RSA and complete to (Signature of 10)	15, RSA 15-B, the best of my-k	RSA 14-C and			that the foregoing information is t	rue
MARK LAN (Print Name of	MBERT					

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# STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

many lands	
I. Name of Lobbyist(s) MARK LAMBERT	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	
III. Name of Client UniTIL ColPoraTION	Date 4/20/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The green reduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ <u>8, 450</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$o ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>8,450</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported in a) of \$25 or loss.</li> </ul>	a)\$ 6,968
in a), of \$25 or less.	b) \$ c) \$ <u><b>50</b></u>
c) Total of all itemized expenditures reported in detail in section VI.	() a

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 7,018
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f)\$ <b>7,018</b>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
1/17/17 LOBBYING REGISTRATION-STATE OF NH	§ <u>50.∞</u>
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
Mal fundal	4/20/17
(Signature of 1660yist)	(Date)

MARK LAMBERT
(Print Name of lobbyist)

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)			
II. Name of lobbyist's partne	ership, firm or corp	poration, if any:	
UNITIL CORPORT	9TION		
•			
III. Name of Client _UQITI	L CORPORAT	76~	Date 4/20/17
Political Contributions			
For each political contributio client/lobbyist and lobbying f			pter 664 paid on behalf of the
Full name of candidate:	MITTEE TO E	TECT HOUS	E VENOCLATS (Middle Name/Initial)
Amount of contribution \$ 560			is Seeking NH Louse
Amount of contribution \$ 900	)	Office Candidate	is seeking NA 4005E
	vonitioution, provide t	- according them or the Sec	ods or services provided, and enter the
actual cost of the in-kind contribenter an estimated value and the		e for amount of contrib	bution. If the actual cost is not known
		e for amount of contrib	
		e for amount of contrib	
enter an estimated value and the	e word "estimate."		bution. If the actual cost is not known
enter an estimated value and the	e word "estimate."		bution. If the actual cost is not known
	SENATE DE	Suoceatic (First Name)	CAUCUS (Middle Name/Initial)
Full name of candidate: **DH*  Amount of contribution \$ 500	SENATE DE  (Last Name)  contribution, provide a pution on the line above	FUNCEATIC (First Name) Office Candidate in description of the good	bution. If the actual cost is not known
Full name of candidate: <i>MH</i> Amount of contribution \$ 500  If the contribution is an in-kind actual cost of the in-kind contribution	SENATE DE  (Last Name)  contribution, provide a pution on the line above	FUNCEATIC (First Name) Office Candidate in description of the good	CAUCUS  (Middle Name/Initial)  is Seeking NH SENATE  ods or services provided, and enter the
Full name of candidate: <i>MH</i> Amount of contribution \$ 500  If the contribution is an in-kind actual cost of the in-kind contribution	SENATE DE  (Last Name)  contribution, provide a pution on the line above	FUNCEATIC (First Name) Office Candidate in description of the good	CAUCUS  (Middle Name/Initial)  is Seeking NH SENATE  ods or services provided, and enter the
Full name of candidate: <i>MH</i> Amount of contribution \$ 500  If the contribution is an in-kind actual cost of the in-kind contribution	SENATE DE  (Last Name)  contribution, provide a pution on the line above	FUNCEATIC (First Name) Office Candidate in description of the good	CAUCUS  (Middle Name/Initial)  is Seeking NH SENATE  ods or services provided, and enter the
Full name of candidate: MH  Amount of contribution \$ 500  If the contribution is an in-kind actual cost of the in-kind contribenter an estimated value and the	E word "estimate."  SENATE DE  (Last Name)  contribution, provide a pution on the line above word "estimate."	(First Name) Office Candidate a description of the good fee for amount of contributions.	CAUCUS  (Middle Name/Initial)  is Seeking NH SENATE  ods or services provided, and enter the
Full name of candidate: <i>MH</i> Amount of contribution \$ 500  If the contribution is an in-kind actual cost of the in-kind contribution	E word "estimate."  SENATE DE  (Last Name)  contribution, provide a pution on the line above word "estimate."	FUNCEATIC (First Name) Office Candidate in description of the good	CAUCUS  (Middle Name/Initial)  is Seeking NH SENATE  ods or services provided, and enter the



# STATE OF NEW HAMPSHIRE

**Lobbyists Report of Political Contributions** Addendum C (RSA Chapter 15:6)



I. Name of Lobbyist(s) MARK LAMBE	RT		
II. Name of lobbyist's partnership, firm or cor	poration, if any:		
UNITIC Colon (Name of partnership, firm or corporation)			
(Name of partnership, firm or corporation)  III. Name of Client United Copposition	20	46-40	
·	Date_	7/20/11	
Political Contributions For each political contribution that is reportable client/lobbyist and lobbying firm, indicate the fo		on behalf of the	_
Full name of candidate: SANBOLN (Last Name)	ADY (First Name) (Middl	e Name/Initial)	
Amount of contribution \$ /00	Office Candidate is Seeking	,	9
If the contribution is an in-kind contribution, provide actual cost of the in-kind contribution on the line aborenter an estimated value and the word "estimate."			
A 1100			=
Full name of candidate: <u>AVAQO</u> (Last Name)	KEVIN (First Name) (Middl	e Name/Initial)	<b>=</b>
Full name of candidate: AVAQO (Last Name)  Amount of contribution \$ 100	(First Name) (Middl	e Name/Initial)	<b>=</b>
(Last Name)	(First Name) (MiddleOffice Candidate is Seekinga description of the goods or services	provided, and enter the	<b>=</b>
(Last Name)  Amount of contribution \$ /oo  If the contribution is an in-kind contribution, provide actual cost of the in-kind contribution on the line about	(First Name) (Middle of Middle of Mi	provided, and enter the	= `/;

If the contribution is an in-kind contribution, provide a desa actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional cor	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and	
(Signature of lobbyist)	4/20/17 (Date)
MACK LAWBERT (Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist

RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: <i>UNITIC COPSRATION</i> Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not reparticular client):	elated to any
Date of Report (check one):	
April 26, 2017 ☐ July 26, 2017 ☐ October 25, 2017 ☐ January 31, 2018	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described the following Addendums submitted with that Statement (insert the number of Addendum submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Addendur complete to the best of my knowledge and belief.	n is true and
(Signature of lobbyist)  4-20-17 (Date)	
MARK LAMBERT  (Print Name of lobbyist)	